

## MILPERSMAN 1300-304

### SUITABILITY FOR OVERSEAS ASSIGNMENT SCREENING AND REPORTING

<b>Responsible Office</b>	NAVPERSCOM (PERS-451)	Phone:	DSN	882-4142
			COM	(901) 874-4142
			FAX	882-2693

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<b>References</b>	OPNAVINST 1300.14C BUMEDINST 1300.2 Uniform Code of Military Justice (UCMJ), Article 107
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1. **Procedures**. The responsibility for determining suitability for overseas service rests with the commanding officer (CO) of the transferring command who shall complete the following:

a. **Time Requirements**. Ensure that **each** member and family member being assigned overseas is screened and an update message is sent within 15 days after receipt of the transfer directive. The goal is to have all overseas screening requirements completed within 30 days. Report using the format provided in Exhibits 1, 2, 3, and 4 as applicable.

b. **Command Review**. Conduct command review per provisions of this article and OPNAVINST 1300.14C, utilizing Exhibit 1 to determine if the member and family member(s) (if any) meet the eligibility requirements and additional criteria of MILPERSMAN 1300-302.

c. **Medical Screening**. Ensure medical screening is conducted per BUMEDINST 1300.2. Instruction and forms are available at

<http://navymedicine.med.navy.mil/instructions/directives>.

d. **Briefing**. Brief member and family member(s) on Standard Installation Topic Exchange Services (SITES) data available at Family Service Centers (FSCs) during command review. Provide member with name and number of Relocation Assistance Manager (RAM) at FSC to obtain a SITES data package containing living

conditions information about the new overseas duty station. For members who are assigned and have elected an all others tour, ensure member is familiar with MILPERSMAN 1300-150 through 1300-210 concerning command sponsorship of family members.

e. **Suitability/Unsuitability Determination.** Determine suitability/unsuitability based on medical status, command review, and any other reliable information (chain of command, chaplain, family advocacy representative, command financial specialist, etc.). If waiver is required, submit per this article.

f. **Obligated Service (OBLISERV).** Ensure all enlisted members have sufficient OBLISERV to complete appropriate accompanied/unaccompanied Department of Defense (DOD) area tour. NAVPERS 1070/613 (Rev. 10/81), Administrative Remarks entries for OBLISERV are not authorized (see MILPERSMAN 1306-106). For enlisted Selective Reenlistment Bonus (SRB) issues, refer to the latest NAVADMIN.

## 2. Reporting Procedures

a. Concurrent with the release of overseas orders, transferring commands will receive a naval message from Navy Personnel Command (NAVPERSCOM), Distribution Department (PERS-4) that will direct a 15-day mandatory update. If required, readdress this message to the servicing medical treatment facility (MTF).

b. Initiate the overseas screening process immediately.

(1) **Suitable.** If member/family member(s) are determined to be **suitable**, report using format provided in **Exhibit 2**.

(2) **Unsuitable.** If member/family member(s) are determined to be **unsuitable**, report using format provided in **Exhibit 3**. If member or family member(s) is determined unsuitable, contact with the gaining command/MTF is required.

(3) **Interim Report.** If member/family member(s) suitability determination cannot be completed within 15 days, provide an interim report of suitability message using format provided in Exhibit 4. Continue to provide interim reports every 30 days until suitability determination can be made.

(4) **Copy - Enlisted/Officer.** In all cases, above reports will also be filed in the enlisted field service record or officer transfer package.

**3. Screening Requirements for Personnel Assigned to Remote Continental United States (CONUS) Locations**

a. **Remote Locations.** Based on accessibility of health care services, Bureau of Medicine and Surgery (BUMED) and NAVPERSCOM determined the following locations in the United States are considered remote and require an overseas screening per this article and MILPERSMAN 1300-302:

Alaska	Kodiak
California	Bridgeport, San Clemente Island, San Nicholas Island
Florida	Key West
Hawaii	Barking Sands
Nevada	Fallon
West Virginia	Sugar Grove

b. **Members not Suitable.** Class III Dental status personnel normally are not suitable for assignment due to limited dental capabilities.

4. **Change of Suitability Determination.** Once a member has been successfully screened by the transferring command, if any subsequent information, misconduct, or emergent medical condition renders member unsuitable (occurring at the transferring command or at any intermediate activity en route), hold orders in abeyance and notify NAVPERSCOM or Enlisted Placement Management Center (EPMAC) (in the case of non-designated SN/FN/AN) immediately. Ensure the member (and family member(s)) are aware of their responsibility to report any circumstances that may change their suitability status immediately, to avoid prosecution under UCMJ, article 107 for failing to do so.

**5. Waivers of Screening Requirements**

a. **CO Determination/Actions.** While the importance of adherence to overseas screening requirements cannot be over-emphasized, waivers will be granted on a case-by-case basis as conditions warrant. Individual COs are the best source of local/recent knowledge and judgment concerning the qualifications and potential of each member. Upon completion of the overseas screening interview, if a member is not qualified

for overseas assignment, but the CO considers a waiver in order, submit an unsuitable report per Exhibit 3 and provide justification/amplifying information why a waiver is recommended in para. 1D. The member will be considered **unsuitable** and is not authorized to transfer until a waiver authorization message is obtained from NAVPERSCOM or EPMAC (in the case of non-designated SN/FN/AN). File waiver in enlisted field service record or officer transfer package.

b. **Divorced Personnel.** For divorced personnel whose children are in legal custody of the ex-spouse, or for the family member(s) of a member separated from the spouse and the spouse has custody of any family member children, or the spouse/ex-spouse refuses to cooperate in family member overseas screening, participation of those family member(s) in the overseas screening process may be waived by the CO. CO waivers for legal custody do not require NAVPERSCOM endorsement. In all such cases the following actions are required:

(1) Record the results using NAVPERS 1300/16 (Rev. 02/03), Report of Suitability for Overseas Assignment (Exhibit 1) and interview the member to identify existing conditions that are likely to preclude the member from completing the overseas assignment.

(2) Make the following entry on NAVPERS 1070/613:

"I understand that family member overseas screening has been waived due to refusal of my family member(s) to participate in the screening process. I have indicated all known conditions of those family member(s) that may interfere with my serving the appropriate tour length. I understand that any pre-existing disqualifying family member screening factors cannot serve as the basis for my early return to CONUS from overseas. If later my family member(s) desire to accompany or join me overseas, I understand they must be screened and family member entry approval granted (where applicable) before they leave CONUS. I understand I will be required to serve the appropriate tour length per MILPERSMAN 1300-308."

\_\_\_\_\_  
Member's Signature

Witnessed: \_\_\_\_\_

L. Kimble  
CDR, USN, Personnel Officer

(3) In cases where family member(s) refuse screening in other than a divorce/separation situation, request a waiver as outlined above. Member should sign the same NAVPERS 1070/613 entry as above if waiver is granted. Family member(s) will not accompany nor join member overseas unless they have been properly screened, determined to be suitable, and family member entry approval is granted (if applicable).

## EXHIBIT 1

### REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT

SUPPORTING DOCUMENTATION OPNAVINST 1300.14C

<b>MEMBER'S NAME:</b>		<b>SSN:</b>		<b>DATE:</b>	
<b>PRESENT SHIP/STATION:</b>		<b>UIC:</b>	<b>OVERSEAS LOCATION:</b>		<b>UIC:</b>
<b>NUMBER OF DEPENDENTS:</b>					
<b>PART I: COMMAND REVIEW</b> - The purpose of the Command Review is to determine, via record review and personal interview, member and spouse/family member(s)' suitability for overseas duty/life in the assigned overseas location. (To be completed by Commanding Officer of transferring command.) Refer to MILPERSMAN Articles 1300-302 and 1300-304. Any questions checked "YES" (with the exception of questions 11 and 15), disqualifies member for overseas assignment. If command still recommends member should be considered for overseas assignment, submit waiver request per MILPERSMAN 1300-302.					
1.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Has the member or any spouse/family member(s) previously been reassigned, prior to normal tour completion, due to their unsuitability?			
2.	<input type="checkbox"/> YES <input type="checkbox"/> NO	(For Enlisted Personnel) Does the member refuse to obligate sufficient service (OBLISERV) to complete the prescribed tour? If "NO", ensure member reenlists (NAVPERS 1070/621) to incur sufficient OBLISERV, per MILPERSMAN 1306-106. Page 13 entries for OBLISERV are prohibited. <b>(OBLISERVE MUST BE COMPLETED WITHIN 30 DAYS OF RECEIPT OF ORDERS).</b> For SRB issues, see the current NAVADMIN.			
3.	<input type="checkbox"/> YES <input type="checkbox"/> NO	(E5 and above) Does the member, spouse, or family member(s) have serious problems of indebtedness, credit loss or other financial problems which have not been reconciled with the creditor(s) or interested parties (i.e., bankruptcy)?  <input type="checkbox"/> YES <input type="checkbox"/> NO a. (E4 and below) Member must complete debt-to-income (DTI) ratio screening IAW OPNAVINST 1740.5A, (Command Financial Specialist Training Manual 15608). Is DTI ratio 30% or greater?			
4.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Has the member been convicted for any civilian offense(s) (civil or criminal) within the last 24 months or had any involvement in any ongoing civil or criminal action?			
5.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Has spouse or any family member(s) been convicted for any civilian offense(s) (civil or criminal) within the last 24 months or have any involvement in any ongoing civil or criminal action?			
6.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the member have a record of any involvement with illegal drugs or alcohol within the past 24 months? For alcohol related cases, if member has completed an education or early intervention program, they are suitable for overseas assignment and this question can be answered "NO".			
7.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the spouse/family member(s) have a record of any involvement with illegal drugs or alcohol within the past 24 months?			
8.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Is the member or spouse/family member(s) involved in an open FAP (Family Advocacy Program) case that is still under investigation or for which treatment is still ongoing? (Any case/cases that has/have been adjudicated "Closed," shall not be considered disqualifying).  <input type="checkbox"/> YES <input type="checkbox"/> NO a. In any case, does the local FAP representative have any reason to NOT favorably endorse member with family members for overseas duty?			
9.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Was the member's spouse previously a member of the armed forces and the characterization of separation other than "Honorable"? Explain in the remarks section.			

<b>MEMBER'S NAME:</b>	<b>SSN:</b>	<b>DATE:</b>
10. <input type="checkbox"/> YES <input type="checkbox"/> NO Are there any concerns whether member/spouse has legal custody of all accompanying minor family members?		
11. <input type="checkbox"/> YES <input type="checkbox"/> NO Are any of the member's family members covered in a custody agreement? If "NO," go to question 12.		
<input type="checkbox"/> YES <input type="checkbox"/> NO a. Does agreement prevent removal of family members from CONUS without prior court approval or agreement between the interested parties? If "NO," go to question 12.		
<input type="checkbox"/> YES <input type="checkbox"/> NO b. Has member obtained prior court approval of requisite agreement from other interested party for removal of family members from CONUS, if required by state law? (Please note: Navy policy does not require a separate agreement if not required by state law.)		
12. <input type="checkbox"/> YES <input type="checkbox"/> NO Single parents/military couples with family members. Are there any reasons why family member care requirements cannot be met in accordance with OPNAVINST 1740.4A?		
<b>NOTE:</b> While the unique situation of single parents with family members is not in itself disqualifying, this fact should be pointed out upon submission of message certification of screening to NAVPERSCOM (PERS-40)/(EPMAC.)		
13. <input type="checkbox"/> YES <input type="checkbox"/> NO (For Enlisted Personnel) Is member an initial accession enroute to their first duty station with pre-service moral waiver(s) (drug, alcohol, or criminal)?		
14. <input type="checkbox"/> YES <input type="checkbox"/> NO Does member have a history of unsatisfactory or below standard performance (any mark below 3.0) or any NJPs in the last two years?		
15. <input type="checkbox"/> YES <input type="checkbox"/> NO Has member and adult dependents received "Level I" Antiterrorism Force Protection (Level III for O-5/O-6 Commanding Officer Awareness Training), prior to transfer, and recorded on Page 13? (Contact your local Family Service Center if training is not available at your command)		
<b>FOR PERSONNEL E-3 AND BELOW:</b> Ensure the member has been counseled that personnel in these paygrades, having family members, will not be assigned accompanied overseas duty. Members can be assigned unaccompanied based on readiness needs. (NOTE: Single E-3 and below who acquire (a) family member(s) en route and bring them without dependent entry approval/command sponsorship, will most probably return them at personal expense and serve the complete area tour unaccompanied.)		
I have been counseled on the above: <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>MEMBER'S SIGNATURE:</b>		<b>DATE:</b>
<b>REMARKS:</b>		
I, _____, am aware that the failure to divulge disqualifying information or amplifying information (medical, dental, personal) pertaining to the questions on this checklist may ultimately result in disciplinary action punishable under the UCMJ.		
<b>MEMBER (NAME, RANK/RATE):</b>	<b>MEMBER (SIGNATURE):</b>	<b>DATE:</b>
<b>INTERVIEWER (NAME, RANK/RATE, COMMAND TITLE):</b>	<b>INTERVIEWER (SIGNATURE):</b>	<b>DATE:</b>

<b>MEMBER'S NAME:</b>		<b>SSN:</b>	<b>DATE:</b>
<b>PART II: RECOMMENDATION OF COMMANDING OFFICER (OR OIC) OF MEDICAL TREATMENT FACILITY.</b>			
Based on the information available as a result of screening and on the capabilities of the Medical/Dental Treatment Facility in the area of assignment to which ordered, the following recommendation is forwarded:			
1. Medical, dental and educational screening was conducted per BUMEDINST 1300.2.			
2. Recommendation is based on a review of NAVMED 1300/1, Part I and II. One form has been completed for each service and family member screened.			
3. If a shaded block is checked on NAVMED 1300/1, coordination is required with the gaining MTF/DTF supporting the overseas, remote duty or operational location or with the senior medical department representative of an operational platform. Coordination must indicate whether or not required medical, dental or educational capabilities are available.			
4. Family member screening is not required if an unaccompanied tour of 24 months or less (Exception: Screening is required for Diego Garcia/Souda Bay, Crete).			
5. Do not forward sensitive medical or personal information with this form.			
The following recommendation(s) are made based on a review of each NAVMED 1300/1, Part I and II, and if required, the response from the gaining MTF/DTF or senior medical department representative of the gaining command:			
<input type="checkbox"/> YES <input type="checkbox"/> NO <b>SERVICE MEMBER IS SUITABLE FOR THIS ASSIGNMENT.</b>			
<b>FAMILY MEMBERS SUITABILITY FOR THIS ASSIGNMENT:</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO (NAME)		<input type="checkbox"/> YES <input type="checkbox"/> NO (NAME)	
<input type="checkbox"/> YES <input type="checkbox"/> NO (NAME)		<input type="checkbox"/> YES <input type="checkbox"/> NO (NAME)	
<input type="checkbox"/> YES <input type="checkbox"/> NO (NAME)		<input type="checkbox"/> YES <input type="checkbox"/> NO (NAME)	
The following family member(s) were referred for Exceptional Family Member Program (EFMP) enrollment (DO NOT DELAY SCREENING FOR ESM DETERMINATION):			
NAME(s):			
NAME OF CO/OIC OR DESIGNEE OF MEDICAL TREATMENT FACILITY:		DATE:	SIGNATURE OF CO/OIC OR DESIGNEE OF MEDICAL TREATMENT FACILITY:



MEMBER'S NAME:		SSN:	DATE:
PART III: CMC/COB/SEA ENDORSEMENT			
On the basis of all available information, I endorse <input type="checkbox"/> / I do not endorse <input type="checkbox"/> the member's orders for the overseas assignment.			
CMC/COB/SEA (NAME, RANK)	CMC/COB/SEA (SIGNATURE)		DATE
PART IV: COMMANDING OFFICER'S ENDORSEMENT			
On the basis of all available information, I endorse <input type="checkbox"/> / I do not endorse <input type="checkbox"/> the member's orders for the overseas assignment.			
Commanding Officer (Name, Rank)	Commanding Officer (Signature)		Date
REMARKS:			
PRIVACY STATEMENT: THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301 DEPARTMENTAL REGULATIONS. THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR FUTURE DUTY ASSIGNMENT.			
COMPLETION OF THE FORM IS MANDATORY EXCEPT FOR DUTY AND HOME PHONE NUMBERS OR FAILURE TO PROVIDE REQUIRED INFORMATION, MAY RESULT IN DELAY IN RESPONSE TO OR DISAPPROVAL OF YOUR REQUEST			

## EXHIBIT 2

### REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT

(Use proper message format containing the following:)

FM SCREENING COMMAND  
TO COMNAVPERSCOM MILLINGTON TN//PERS-40(enlisted only)/  
PERS-451/PERS-Code for Detailer//  
EPMAC NEW ORLEANS LA//47//(for non-designated SN, FN & AN)  
INFO Gaining Overseas Activity  
Gaining Medical Treatment facility if medical problem  
identified.  
BT  
UNCLAS //N01300//  
MSGID/GENADMIN/SCREENING COMMAND//  
SUBJ/REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT ICO NAME,  
RANK RATE, SSN//  
REF/A/DOC/DATE//  
REF/B/GENADMIN/CNPC or EPMAC/DATE//  
REF/C/type i.e., DOC, LTR, GENADMIN/originator/DATE or Date-  
Time-Group//  
NARR/REF A IS MILPERSMAN, REF B IS ORDERS (include TC no.), REF  
C IS (i.e., correspondence to gaining medical treatment facility  
for availability of service, etc., if applicable.)//  
POC/NAME/RANK/IDENTIFIER/LOCATION/TEL:// **(MANDATORY)**  
RMKS/1. OVERSEAS ASSIGNMENT SUITABILITY SCREENING PER REFS A  
AND B HAS BEEN COMPLETED. SNM (AND DEPENDENTS if applicable)  
ARE SUITABLE FOR OVERSEAS ASSIGNMENT:  
    A. COMPLETED NAVPERS 1300/16, REPORT OF SUITABILITY FOR  
OVERSEAS ASSIGNMENT WAS FILED IN MEMBER'S SERVICE RECORD AND  
SIGNED BY NAME/RANK/TITLE/DATE.  
    B. SNM HAS SUFFICIENT OBLISERV (OR WILL INCUR) TO COMPLETE  
DOD AREA TOUR LENGTH.  
    C. ANTI-TERRORISM TRAINING HAS BEEN COMPLETED AND FILED IN  
SERVICE RECORD (INCLUDING DEPENDENTS).  
2. \_\_\_\_ NUMBER OF DAYS TO COMPLETE SCREENING. (calculate from  
date of receipt of message or from SDS print date)//  
BT

## EXHIBIT 3

### REPORT OF UNSUITABILITY FOR OVERSEAS ASSIGNMENT

(Use proper message format containing the following:)

FM SCREENING COMMAND  
TO COMNAVPERSCOM MILLINGTON TN//PERS-40(enlisted only)/  
PERS-451/PERS-Code for Detailer//  
EPMAC NEW ORLEANS LA//47//(for non-designated SN, FN & AN)  
Losing MCA  
Gaining MCA  
INTENDED OVERSEAS ACTIVITY  
INFO Intended Medical Treatment facility that cannot handle  
member or family  
BUMED WASHINGTON DC//31//(if medical unsuitability)  
BT  
UNCLAS //N01300//  
MSGID/GENADMIN/SCREENING COMMAND//  
SUBJ/REPORT OF UNSUITABILITY FOR OVERSEAS ASSIGNMENT ICO NAME,  
RANK RATE, SSN//  
REF/A/DOC/DATE//  
REF/B/GENADMIN/CNPC or EPMAC/DATE//  
REF/C/type i.e., DOC, LTR, GENADMIN/originator/DATE or Date-  
Time-Group//  
NARR/REF A IS MILPERSMAN, REF B IS ORDERS (include TC no.), REF  
C IS (i.e., correspondence to gaining medical treatment facility  
for availability of service, etc., if applicable.)//  
POC/NAME/RANK/IDENTIFIER/LOCATION/TEL:// **(MANDATORY)**  
RMKS/1. OVERSEAS ASSIGNMENT SUITABILITY SCREENING PER REFS A  
AND B HAS BEEN COMPLETED. SNM IS UNSUITABLE FOR OVERSEAS  
ASSIGNMENT:  
    A. COMPLETED NAVPERS 1300/16, REPORT OF UNSUITABILITY FOR  
OVERSEAS ASSIGNMENT WAS FILED IN MEMBER'S SERVICE RECORD AND  
SIGNED BY NAME/RANK/TITLE/DATE.  
    B. APPROPRIATE NAVPERS 1070/613, ADMINISTRATIVE REMARKS  
ENTRY WAS COMPLETED AND SIGNED BY NAME/RANK/TITLE/DATE.  
    C. Reason for unsuitability.  
    D. Request for waiver and state justification for waiver  
request if applicable.  
2. \_\_ NUMBER OF DAYS TO COMPLETE SCREENING. (calculate from  
date of receipt of message or from SDS print date)//  
BT

## EXHIBIT 4

### INTERIM REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT

(Use proper message format containing the following:)

FM SCREENING COMMAND  
TO COMNAVPERSCOM MILLINGTON TN//PERS-40(enlisted only)/  
PERS-451/PERS-Code for Detailer//  
EPMAC NEW ORLEANS LA//47//(for non-designated SN, FN & AN)  
INFO Gaining Overseas Activity  
Gaining Medical Treatment facility if medical problem  
identified.  
BT  
UNCLAS //N01300//  
MSGID/GENADMIN/SCREENING COMMAND//  
SUBJ/INTERIM REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT ICO  
NAME, RANK RATE, SSN//  
REF/A/DOC/DATE//  
REF/B/GENADMIN/CNPC or EPMAC/DATE//  
REF/C/type i.e. DOC, LTR, GENADMIN/originator/DATE or Date-  
time-group//  
NARR/REF A IS MILPERSMAN, REF B IS ORDERS (include TC no.), REF  
C IS (i.e., correspondence to gaining medical treatment facility  
for availability of service, etc., if applicable.)//  
POC/NAME/RANK/IDENTIFIER/LOCATION/TEL:// (MANDATORY)  
RMKS/1. OVERSEAS ASSIGNMENT SUITABILITY SCREENING PER REFS A  
AND B IS IN PROCESS. Explain reason for delay (Medical, Dental,  
etc.) and provide estimated completion date.  
BT

**NOTE:** Provide an updated interim report every 30 days until  
suitability determination can be made.